

Case Number:	CM15-0014181		
Date Assigned:	02/02/2015	Date of Injury:	06/12/2014
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained an industrial injury on 06/12/2014. He has reported pulling weeds on a hilltop when he stepped on a rock causing his knee to rotate with subsequent onset of right knee pain. Diagnoses include right knee medial collateral ligament strain. Treatment to date has included medication regimen, use of hinged knee support, physical therapy, and magnetic resonance imaging of the right knee. In a progress note dated 11/17/2014 the treating provider reports constant, sharp, shooting, achy, and throbbing right knee pain that is rated a seven on a scale of zero to ten and constant, dull, achy with occasional throbbing pain to the right ankle rated a four to five on a scale of a zero to ten. The treating physician requested Flurbiprofen cream noting that oral anti-inflammatory medication the injured worker was taking had been causing gastrointestinal symptoms. On 12/26/2014 Utilization Review non-certified the requested treatment of Flurbiprofen cream, noting the California Medical Treatment Utilization Schedule, web version, 2010, Chronic Pain, Topical Analgesics, pages 111-112.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There are diminishing effects after 2 weeks. The claimant had been on the cream for at least 3 months. The Flurbiprofen cream is not medically necessary.